

## New Zealand Health and Ageing Research Team (HART)



The Health and Ageing Research Team (HART) at Massey University, New Zealand, is a multidisciplinary group of researchers led by Professors Fiona Alpass and Christine Stephens in the School of Psychology. The HART's flagship project is the Health, Work and Retirement (HWR) longitudinal study which aims to identify key determinants of the health and wellbeing of older New Zealanders. Multiple modes of data collection include: a longitudinal survey, face to face cognitive interviews, linkage to national mortality and health record databases, and life course history interviews. Elements of study design include a sampling frame representative of older New Zealanders, longitudinal follow up with a range of birth cohorts, and oversampling of people of Māori descent to ensure representation of the indigenous population.

*Prof Fiona Alpass (L) and Prof Chris Stephens (R)*

Descriptions of samples and response rates by data collection mode are available in technical reports on the HART website <http://hart.massey.ac.nz/>

Recent findings from HWR have contributed to discussions on ageing and health inequalities with reference to home and neighborhood environments, age-related milestones, and stressful events. Here we describe three main areas that HWR research has contributed to lately.

### **Trajectories of Health**

Longitudinal data analyses have allowed researchers to identify and characterize dominant physical, mental and social health profiles reported by older New Zealand adults across time. We used latent profile growth analysis to identify five physical, mental and social health trajectories of New Zealanders aged 55-70 across ten years. While over 60% of the sample maintained 'average' or 'robust' health over the follow up period, two smaller groups – those with 'poor mental and social health' and those who displayed poor or 'vulnerable' health

across all three domains – represented those who required care and support. A fifth group reported good mental and social health, but a decline in physical health over the ten years.

Examining the impact of workforce exit on physical health, we used data from 2006-2014 surveys to identify pre- and post-retirement health trajectories. Retirement was beneficial for those with poor health and limited economic resources and education, who reported some recovery in health and an increase in economic living standards following retirement. Retirement from work did not appreciably benefit the health or living standards of the wealthy and healthy. These results suggest that the age pension is an important support those who are in poor physical and economic health before retirement.

### **Housing and Health**

Study data has been used to highlight the environments in which vulnerable older people live in New Zealand. Older adults identified as having ‘vulnerable’ or ‘poor mental and social health’ profiles were significantly more likely to report poorer housing, greater difficulties with housing and less satisfaction with all aspects of their neighbourhood. An ecological analysis focussing on the liveability of environments also showed that housing and neighbourhood qualities predicted non-health related quality of life. Analysis has additionally highlighted important health and quality of life effects of owning housing (as opposed to renting) over time. These findings provide evidence of the importance of housing and neighbourhoods; an aspect of the environment that may be directly affected by government policy. They also provide the basis for focussed work in communities with local authorities which is currently being undertaken by HART members.

### **Stress and Health**

The study has also helped to clarify the temporal association of poor health outcomes with potentially stressful situations (e.g., caregiving roles) and events (e.g., natural disasters). A longitudinal investigation of the impact of informal caregiving on the health of older adults, compared mental and physical health trajectories of caregivers and non-caregivers over a ten year period. Results indicated no impact of the caregiving role on health status over time but instead indicated that adults with poor mental health were more likely to take up caregiving roles, supporting models of a health-selection bias into caring and the adaptation hypothesis to caregiving burdens over time.

The study has also provided a unique opportunity to examine the impact of a severe and prolonged natural disaster on older adults over time. Following the 2010-2011 earthquake series which affected the Canterbury region of New Zealand, we used survey data from older adults living in the Canterbury region to assess the impact of these events on mental and physical health among older adults in the community over the pre-post disaster period. There was little evidence of change in health status of older adults in the community over the 2010-2014 follow-up surveys. However, those in poorest health reported greatest distress and a more negative overall impact of the earthquake, indicating that pre-disaster vulnerabilities were associated with disaster-related distress (rather than simply a negative impact of the disaster on health outcomes). These findings indicate that identification and support of vulnerable older adults pre-disaster may enhance potential for positive outcomes for these individuals post-disaster.

Future follow up will extended our understanding of trajectories and inequality of wellbeing from early to late older age. Current data collection is focused on issues around work and ageing. As the study matures we will be able to compare results for later birth cohorts whose members have lived their lives under different social and policy conditions.

Data from HWR are available to university affiliated researchers (see <http://hart.massey.ac.nz/>).

## References

- Allen J, Brown LM, Alpass FM, Stephens CV (2018) Longitudinal health and disaster impact in older New Zealand adults in the 2010–2011 Canterbury earthquake series *Journal of Gerontological Social Work*:1-18 doi:10.1080/01634372.2018.1494073
- Alpass F, Szabó A, Allen J, Stephens C (2017) Health effects of informal caring in New Zealand: longitudinal findings from the Health, Work and Retirement study *International Journal of Care and Caring* 1:309-329 doi:10.1332/239788217X15040798472015
- Callow L, Alpass F, Leathem J, Stephens C (2015) Normative data for older New Zealanders on the Addenbrooke's Cognitive Examination-Revised New Zealand *Journal of Psychology* 44:29-41
- Stephens C (2017) From success to capability for healthy ageing: shifting the lens to include all older people. *Critical Public Health* 27:490-498 doi:10.1080/09581596.2016.1192583
- Stephens C, Szabó Á, Allen J, Alpass F (2018) A Capabilities Approach to Unequal Trajectories of Healthy Aging: The Importance of the Environment *Journal of Aging and Health* doi:10.1177/0898264318779474
- Stephens C, Szabó Á, Allen J, Alpass F (2019) Livable Environments and the Quality of Life of Older People: An Ecological Perspective *The Gerontologist*:gny043-gny043 doi:10.1093/geront/gny043
- Szabó A, Allen J, Alpass F, Stephens C (2017) Loneliness, socio-economic status and quality of life in old age: the moderating role of housing tenure *Ageing and Society*:1-24 doi:10.1017/S0144686X17001362
- Szabó A, Allen J, Alpass F, Stephens C (2018a) Longitudinal Trajectories of Quality of Life and Depression by Housing Tenure Status *The journals of gerontology Series B, Psychological sciences and social sciences* 73:e165–e174 doi:10.1093/geronb/gbx028
- Szabó Á, Allen J, Stephens C, Alpass F (2018b) Is retirement associated with physical health benefits? A longitudinal investigation with older New Zealanders *Age and Aging* doi:doi.org/10.1093/ageing/afy176